

The Shreveport Fire Department is beginning this year's EMS Lifecare Campaign. EMS Lifecare is an ambulance membership program that is offered by the Shreveport Fire Department to the public in order to help reduce the high cost of ambulance service.

We realize that emergency ambulance service is expensive. Your membership in EMS Lifecare will cover the uninsured portion of the cost of emergency ambulance services for you, your spouse, and any unmarried children under age 25 that are enrolled in school. We urge you to take this opportunity to provide this security for you and your family.

MEMBERSHIP APPLICATION

☐ New Member

☐ Existing Member

Deadline: May 31<sup>st</sup>

Please PRINT (Complete in Full)

Last Name	First	Middle Initial
Street Address		Apt. #
City	State	Zip
Telephone number	Social Security Number	Date of birth / /
Employer	Address	

List spouse, children under 25, and other dependents listed on your tax return and regularly living at home. (First name, middle initial, last names if different from the member.)

Name	Date of Birth	Social Security number	Relationship

MEMBER INSURANCE INFORMATION

Medicare Number	(Spouse)
	Address
	Group Policy #
Primary Health Insurance	
Supplemental Health Insurance	
Other Insurance	

OTHER DEPENDENT INSURANCE INFORMATION

Primary Health Insurance	
Supplemental Health Insurance	
Other Insurance	

(over)

A check or money order in the amount of \$35.00 must accompany this application. I have enclosed payment by:

☐ Check

☐ Money Order

Make check or money order payable to EMS LIFECARE and return to:  
P.O. Box 34500, Shreveport, LA 71130-4500

## AGREEMENT

### THIS IS NOT AN APPLICATION FOR AN INSURANCE POLICY

I hereby apply for membership with the City of Shreveport Emergency Medical Service Program. I understand that the enclosed annual fee of thirty-five (\$35.00) will cover myself, spouse, unmarried children 25 years of age and any other qualified dependents as determined by the IRS and who may live at this address. I understand that through this membership, the City of Shreveport Emergency Medical Services will provide emergency ambulance services within the city through the Shreveport Fire Department. I also understand and give my permission for the City of Shreveport Emergency Medical services to bill my insurance and obtain benefits which are entitle through my insurance carriers. **This membership will cover the portion unreimbursed by the medical coverage for services rendered by the City of Shreveport Emergency Medical Services during the time of my membership.**

I authorize the release of medical information for the purpose of billing my insurance. I understand that should I or a family member receive payment from insurance or any medical provider for services rendered by the City of Shreveport Emergency Medical Services, the payment will be immediately forwarded to the City of Shreveport Emergency Medical Services to the extent necessary to satisfy any balance due.

I do understand that the City of Shreveport Emergency Medical Services are not solicited from person who receive welfare medical benefits (Medicaid) and such membership constitutes a voluntary contribution.

I understand that the City of Shreveport Emergency Medical Services provides ambulance transportation in true emergency cases only and that violations of the terms of this agreement may result in immediate cancellation of my membership or other penalty. I also understand that this membership is non-refundable and non-transferable.

### TO THE INSURANCE COMPANY

I authorize a copy of this agreement to be used in lieu of the original on file at the City of Shreveport Emergency Medical Services office. The original may be furnished on request. I authorize payment of insurance benefits for ambulance services for myself or family members directly to the City of Shreveport Emergency Medical Services according to our agreement and as itemized on the attached claims. I have paid the \$35.00 co-payment for ambulance services to be rendered and expect your usual and customary ambulance reimbursement on my behalf to be sent directly to the City of Shreveport Emergency Medical Services.

**IMPORTANT: Must be signed to be valid**

**MEMBER'S SIGNATURE**

I have read the above and agree with the above

**SPOUSE'S SIGNATURE**

I have read the above and agree with the above

Deadline: May 31<sup>st</sup>  
THANK YOU FOR YOUR SUPPORT

For Additional Information Call (318) 747-9977